

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001759

JAN 31 1961

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN INDEPENDENCELength of stay in 1b  
3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE OKLAHOMA b. COUNTY -

c. CITY OR TOWN TULSA

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
623 W. 3rd StreetReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

TONI

ZORENA

MARTIN

4. DATE OF DEATH

Month

Day

Year

JANUARY

20,

1961

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
1-17-19429. AGE (last birthday)  
19IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
BOOKKEEPER10b. KIND OF BUSINESS OR INDUSTRY  
CITY NATIONAL BANK11. BIRTHPLACE (City and state or country)  
SPRINGFIELD, MO.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

TONY MARTIN

## 13b. MOTHER'S MAIDEN NAME

ZONA EVANS

## 14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Irene Watts, 623 W. 3rd St. Tulsa, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH  
HRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

SUICIDE &amp; BLOOD TRANSFUSION

HRS

DUE TO (c)

PNEUMONITIS, ACUTE

DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

SEVERE ANEMIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JAN 19, 1961 to JAN 20, 1961 and last saw her alive on JAN 20, 1961  
Death occurred at 11:45 P on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

10901 WINNER RD, INDEP.

## 22c. DATE SIGNED

1-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
REMOVAL

## 23b. DATE

1-23-61

## 23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

## 23d. LOCATION (City, town, or county)

Bollivar, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.

## 25. DATE RECD. BY LOCAL REG.

1-23-61

## 26. REGISTRAR'S SIGNATURE

J. J. J. J.

APR 5 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Hal Thompson

Licensed Embalmer No. 3408

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.